

has been noted that the average number of weekly tests has fallen off to less than thirty per week. The main reason, however, for discontinuance of such blood tests in Emergency Hospitals is the new premarital examination state law. This state law requires a minimal physical examination and a blood test for syphilis. The many persons having only the results of the tests and not the physical examination and demanding, therefore, a marriage certificate of the County Clerk have so complicated the procedure under the new state law that it was thought best that the situation would be clarified accordingly by discontinuance of these volunteer blood tests.

Moreover, the deluge of California marriages into Nevada seems extraordinary and expensive if physical examinations and blood tests can be arranged with minimum complications.

The temporary elimination of this voluntary test is done with every regret, since the San Francisco Department of Public Health was the first in the United States to institute such a procedure for the control of syphilis in its Emergency Hospitals on a voluntary basis.

Under the premarital state law, go to your physician, or if you cannot afford the usual fee, go in San Francisco to established general hospital clinics.

J. C. GEIGER, M. D., *Director*.

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(COPY)

Wassermann Campaign Results

August 18, 1937, to September 27, 1939, Inclusive

Average number of tests taken weekly.....	95
Average percentage of tests showing positive results.....	7.7%
Average percentage of positives not previously tested nor recently treated.....	44%
Total number of tests taken to date.....	10,541

Subject: Diagnosis of Weil's disease.*

OFFICE OF DIRECTOR OF PUBLIC HEALTH
CITY AND COUNTY OF SAN FRANCISCO

October 17, 1939.

To the Editor:—I am attaching hereto copy of an executive order in connection with the diagnosis of Leptospirosis (Weil's disease and Canicola fever).

Sincerely,

J. C. GEIGER, M. D., *Director*.

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(COPY)

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

October 11, 1939.

Executive Order No. 237

The Diagnosis of Leptospirosis (Weil's Disease and Canicola Fever)

It is felt that the diagnosis of leptospirosis is of definite significance, particularly to epidemiologists, city physicians, surgeons in the Emergency Hospitals and others of the medical staff of the Department of Public Health. Therefore, those working in the fields noted should read this Executive Order and refer to it when occasion arises.

The following clinical symptoms are of significance in the diagnosis of icteric or anicteric leptospiral infections:

(a) Acute onset, fever, headache, feeling of severe illness; definite symptoms of an acute infectious disease.

(b) Muscular pains, occurring spontaneously and when pressure is applied, localized in the thighs, calves and back;

* See also article on page 294.

in about 80 per cent of the cases, characteristic redness of the conjunctivae.

(c) Liver symptoms: jaundice, bilirubinuria, urobilinuria; occasionally cholemia. Even in the absence of jaundice, van den Bergh indicates an increased bilirubin content of the serum, thus an increased destruction of red blood corpuscles and hepatic damage.

(d) Kidney symptoms: mild and severe nephritis, although observed in many infectious diseases, is always noted and transition stages to the symptoms of hemorrhagic nephritis are frequent in severe cases. The urea content of the blood without edema or hypertension is definitely increased.

(e) During the first week a low blood pressure with a weak and rapid pulse is worth noting.

(f) A marked deviation to the left of Arneeth's formula, accompanied by a decrease of blood platelets, is apparent.

(g) Infections progressing as typical meningitis should be suspected as leptospirosis. It is important to realize that all symptoms suggesting *Weil's disease* may be absent. If the patient's medical history gives no suggestions, such as no water accidents, no swimming, no occupations bringing him into contact with rats or no exposure to dogs, a laboratory investigation (serum test or examination of the urine) by properly qualified workers is the only means revealing the true nature of the disease.

(h) Epidemiological information (swimming, fishing, working in sewers, etc.), may be of great importance. In recent years evidence has come to light that dogs are occasionally sources of infection. Canines infected with the classical rat or the specific dog leptospira may infect children and members of a household in which an animal with leptospirosis is kept.

Laboratory investigations are of greatest importance in order to differentiate the diverse forms of jaundice, in particular the sporadic cases of epidemic catarrhal jaundice. From a social point of view, an accurate diagnosis is imperative since the disease, when contracted as in the case of sewer workers, fishermen, butchers, is regarded as an occupational accident and, therefore, compensable by law.

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Prepared by Dr. K. F. Meyer, Director, Hooper Foundation for Medical Research, University of California.

J. C. GEIGER, M. D., *Director*.

Subject: Service of Out-Patient Department: University of California Hospital.

October 18, 1939.

To the Editor:—I am attaching a letter which we have received from a farmer in the country, which I think is a very significant document. It goes right to the heart of social medicine.

I thought you might like to see it, and Doctor Porter suggested that I forward it to you for your consideration. If you think it has any news value and you wish to use it in the JOURNAL, we would have no objections; if not, return it, and no harm done.

Sincerely yours,

OUT-PATIENT DEPARTMENT.

W. E. Carter, M. D., *Director*.

* * *

(COPY)

Vacaville, California, October 15, 1939.

U. C. Hospital
San Francisco, California

Dear Sirs:

I am a small farmer. I have thirty acres with a nice home on it, and for eleven years I have had to work outside

on other jobs to obtain enough money to pay taxes and interest and, incidentally, live and support my family. This year has been worse than all the previous ones, and I find myself "broke," taxes unpaid, and about \$100 in the bank. Prior to the last eleven years I was able to make a living on the place. Now I can't and I am ill. I am in a state of exhaustion and unable to work to speak of, all details of which I will omit as all I wish to find out is if there is any way whereby one can obtain a complete examination in the hospital at little cost, as I feel there must be something wrong with me or I would not feel as I do and, while not a pauper, I might as well be, as I have no money. I do not wish to impose on anyone, and I've always paid my way. At present I am desperate with worry, and local doctors that I have seen can find nothing wrong. I thought perhaps there was a clinic I could go to at some modest charge. I hate to bother you and hope you pardon my writing at length. I belong to the Intercoast Hospitalization, Inc., but they do not cover examination. I can hardly keep my dues up in that at present.

Most respectfully,

M. SHARPE.

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(COPY)

October 18, 1939.

Mr. M. Sharpe
Vacaville, California

Dear Mr. Sharpe:

I have read your letter of October 15 with great interest. It may be that we can be of some help to you.

May I suggest that you call on some physician whom you regard as your family doctor and show him this letter and ask if he will be good enough to recommend you to us. We could then accept you, make a study, and report our findings to the doctor, who no doubt would be willing to carry on any treatment suggested.

We are enclosing a leaflet which will give you some idea of eligibility. There would of course be no physician's or surgeon's fee, if you came to the clinic. You would be expected, however, to meet our cost for such things as x-rays or clinical laboratory procedures. We ought to have two or three days to study your disorder. We can recommend rooms across the street, where you can stay for about \$1 a day, and there is a cafeteria on the campus.

If you come to San Francisco, please present this letter, as well as that from your doctor, to the information desk immediately on your arrival, which should be as nearly 8:30 in the morning as possible.

Yours very truly,

OUT-PATIENT DEPARTMENT.

W. E. Carter, M. D., *Director*.

Subject: Premarital examinations.

(COPY)

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

October 4, 1939.

To the Editor:—Enclosed is a copy of a letter mailed today to Doctor Dukes at his Oakland address.

Very truly yours,

W. M. DICKIE, M. D.,
*Director, California State Department of
Public Health.*

(COPY)

DEPARTMENT OF PUBLIC HEALTH

San Francisco, October 3, 1939.

Charles A. Dukes, M. D.

President, California Medical Association

450 Sutter Street

San Francisco, California

My dear Doctor Dukes:

I believe you will be interested in knowing information we have concerning the administration of the law requiring premarital examinations and blood tests for syphilis.

There exists a great deal of public confusion concerning fees and there seems to be no uniformity among physicians as to what charges should be made. Fees are reported to range from \$1.50, when the blood is sent to the free laboratories of state and local health departments, to as high as \$16 a person.

Persons wishing to be married have stated to marriage license clerks and to newspaper reporters that they want to go to a private physician, but that they want to know definitely what charge will be made for the examination and blood test. This is further borne out by the experience in free clinics which, in most centers of the state, have been thrown open to the public by local health officers. Not all people who come to the clinics ask for a free premarital examination and test. Persons whose means are limited ask for the names of private physicians who will make a charge which they can afford to pay. In a few cases, clinics are able to supply such a list by using the names of physicians who have signified their willingness to treat part-pay patients in private practice if free drugs are furnished by the state.

I realize that it is the policy of the Association to leave the question of fees for medical services to the individual physician. Nevertheless, there is a very definite desire among applicants for information as to probable fee schedules. Unless steps are taken to relieve the uncertainty in the public mind concerning charges, it is quite possible that unscrupulous practitioners will open combined offices and laboratories near license bureaus and make a racket of the premarital examinations and tests by offering them for a low fee.

Of course, the State Department of Public Health is very anxious that the highest type of medical service be made available, particularly for persons who are found to be infected and in need of treatment. It is also our desire that there be no unnecessary obstacles to marriage.

It is our opinion that the majority of reputable physicians are charging only nominal fees for the examination, but we believe the public is entitled to have access to the names of such physicians and to know in advance how much will be charged.

Therefore, I suggest that in the interest of the public welfare, the California Medical Association take the lead by recommending a basic fee for premarital examinations and tests to local medical societies. Local societies could then furnish county clerks and free clinics with a list of physicians who were willing to make the examination and test for a fixed, reasonable fee. Such action would result in the elimination of the present confusion and the administration of the premarital law without hardship to either the public or the medical profession.

313 State Building.

Very truly yours,

W. M. DICKIE, M. D.,
*Director, California State Department of
Public Health.*